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PTO/SB/21 (09-04)
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Under the Paperwork Reduct	tion Act of 1995, no person:	Application Number	10/668.879		ss it displays a valid OMB control number.						
TRANSMI	Filing Date	-									
FORM		First Named Inventor	+	September 23, 2005 G. Steven Harris							
	VI.	Art Unit	3679								
	•	Examiner Name									
(to be used for all corresponde	ence after initial filing)	Atternoy Decket Number	Nanid Ami	Nahid Amiri							
Total Number of Pages in This	Submission	Attorney Docket Number	9003.001								
ENCLOSURES (Check all that apply)											
Fee Transmittal Form Fee Attached  Amendment/Reply After Final Affidavits/declaration(s)  Extension of Time Request Express Abandonment Request Information Disclosure Statement  Certified Copy of Priority Document(s)		Petition Petition Petition Power to a Provisional Application Power of Attorney, Revocation Change of Correspondence Ferminal Disclaimer Request for Refund CD, Number of CD(s)  Landscape Table on C	Address	Of App (Ai	Appeal Communication to Board of Appeals and Interferences  Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  Proprietary Information  Status Letter  Other Enclosure(s) (please Identify below):						
Reply to Missing Parts/ Incomplete Application Reply to Missing under 37 CFR 1	g Parts 1.52 or 1.53										
Firm Name	SIGNATURE O	F APPLICANT, ATTO	RNEY, O	R AGEN							
	/hite & Stavish, LLC										
Signature	11/1/										
Printed name William C. Schrot											
				leg. No. 48,447							
CERTIFICATE OF TRANSMISSION/MAILING											
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PTO/SB/17 (12-04/29)
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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

## TRANSMI' For FY 2005

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

Name (Print/Type) William C. Schrot

(\$) 60.00

Complete if Known						
Application Number	10/668,879					
Filing Date	September 23, 2005					
First Named Inventor	G. Steven Harris					
Examiner Name	Nahid Amiri					
Art Unit	3679					
Attorney Docket No.	9003.001					

METHOD OF PAYMENT (check all that apply)										
Check Credit Card Money Order None Other (please identify):										
✓ Deposit A	Deposit Account  Deposit Account Number: 50-0548 Deposit Account Name: Berenato White Stavish									
For the al	bove-identifie	d deposit ac	ccount, the Dir	ector is here	by authorized to	: (check all tha	it apply)			
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FEE CALCUL		1 P 1U-2036.	·							
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1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES EXAMINATION FEES										
Application •	Type		nall Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	mall Entity Fee (\$)	Fees Paid (\$)		
Utility		300	150	500	250	200	100			
Design		200	100	100	50	130	65			
Plant		200	100	300	150	160	80			
Reissue		300	150	500	250	600	300			
Provisional		200	100	0	0	0	0			
2. EXCESS C								mall Entity		
Fee Description  Each claim		sluding Re	issues)				Fee (\$) 50	Fee (\$) 25		
			ncluding Reis	ssues)			200	100		
Multiple de				,			360	180		
Total Claims		xtra Claims	<u>s Fee (\$)</u>	Fee F	Paid (\$)		Multiple Dependent Claims			
	20 or HP =	aims paid for	x, if greater than 2	_=_	<del></del>		Fee (\$)	Fee Paid (\$)		
Indep. Claims		xtra Claims			Paid (\$)					
	or HP =		_ x	• =						
HP = highest nur			paid for, if greate	rthan 3,						
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer										
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50										
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).										
Total Shee	<u>เร</u> <u>-</u> -100 =	xtra Sheet	<u>Num.</u> /50 ≂					Fee Paid (\$)		
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount)  Yes Paid (\$)										
Other (e.g., late filing surcharge): EOT										
SUBMITTED BY										
Signature	12.	11	//-	R	egistration No.	8,447	Telephone	301 896 0600		

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